



SPRING LAKE TOWNSHIP

101 S. BUCHANAN ST
SPRING LAKE, MI 49456
PHONE (616) 842-1340
FAX (616) 842-1546

BIKE PATH/SIDE WALK CUT PERMIT

DATE _____

WORK LOCATION

Address: _____

City, State, Zip: _____

Name: _____

Phone Number: _____

CONTRACTOR INFORMATION

Name: _____

Address: _____

Phone Number: _____

Field Person: _____

Cell Phone Number: _____

Email Address: _____

Refundable Deposit Fee: \$250.00 Permit Fee: \$50.00

REASON FOR CUT: _____

Office Use Only

Permit #: _____ Date Received: _____ Fee: _____

Date of Approval: _____ Date of Denial: _____ Approved by: _____

Notes or Conditions: